

Drug	Code	Criteria
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**Abilify®** 015 All of the following must apply:  
(aripiprazole)

- a) There must be an appropriate DSM IV diagnosis; and
- b) Patient is 6 years of age or older.

**Adderall®** 026 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.  
(amphetamine/  
dextroamphetamine)

**Accutane®** Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be **absent**:  
(isotretinoin)

- a) Paraben sensitivity;
- b) Concomitant etretinate therapy; and
- c) Hepatitis or liver disease.

027 Diagnosis of narcolepsy by a neurologist or sleep specialist, following documented positive sleep latency testing and the prescriber is an authorized schedule II prescriber.

087 Depression associated with end stage illness and the prescriber is an authorized schedule II prescriber.

001 Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy.

**Adderall XR®** 094 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and all of the following:  
(amphetamine/  
dextroamphetamine)

002 Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy.

- a) The prescriber is an authorized schedule II prescriber; and
- b) Total daily dose is administered as a single dose.

003 Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist.

004 Prevention of skin cancers in patients with xeroderma pigmentosum.

**Adeks®** 102 For the treatment of malabsorption conditions, especially those conditions that inhibit the absorption of fat-soluble vitamins (such as cystic fibrosis, steatorrhea, hepatic dysfunction, and cases of HIV/AIDS with malabsorption concern) and all the following:  
**Multivitamins**

005 Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.

- a) Patient is under medical supervision; and
- b) Patient is not taking oral anticoagulants; and
- c) Patient does not have a history of or is not at an increased risk for stroke/thrombosis.

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**Aggrenox®** 037 To reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis, and all of the following:

- The patient has tried and failed aspirin or dipyridamole alone; and
- The patient has no sensitivity to aspirin.

**Altace®** 020 Patients with a history of cardiovascular disease.

**Ambien®** 006 Short term treatment of insomnia. Drug therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.

**Angiotensin Receptor Blockers (ARBs)** 092 Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.

**Atacand®** (candesartan cilexetil)  
**Atacand HCT®** (candesartan cilexetil/HCTZ)  
**Avalide®** (irbesartan/HCTZ)  
**Avapro®** (irbesartan)  
**Benicar®** (olmesartan medoxomil)  
**Cozaar®** (losartan potassium)  
**Diovan®** (valsartan)  
**Diovan HCT®** (valsartan/HCTZ)  
**Hyzaar®** (losartan potassium/HCTZ)  
**Micardis®** (telmisartan)  
**Micardis HCT®** (telmisartan/HCTZ)  
**Teveten®** (eprosartan mesylate)  
**Teveten HCT®** (eprosartan mesylate/HCTZ)

**Anzemet®** 127 Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.

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**Arava®** 034 Treatment of rheumatoid arthritis when prescribed by a rheumatologist at a loading dose of 100mg per day for three days and then up to 20mg daily thereafter.

**Avinza®** 040 Diagnosis of cancer-related pain.

**Calcium w/Vitamin D Tablets** 126 Confirmed diagnosis of osteoporosis, osteopenia or osteomalacia.

**Campral®** 041 Diagnosis of alcohol dependency. Must be used as adjunctive treatment with a Division of Alcohol and Substance Abuse (DASA) state-certified **intensive outpatient** chemical dependency treatment program. **See WAC 388-805-610**. Treatment is limited to 12 months. The patient must also meet all of the following criteria:

- Must have finished detoxification and must be abstinent from alcohol before the start of treatment;
- Must not be a poly-substance abuser; and
- Must be able to clear the drug renally (creatinine clearance greater than 30 ml/min).



**Note:** A Campral authorization form [DSHS 13-749] must be completed and kept on file with the pharmacy before the drug is dispensed. To download a copy, go to: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

**Celebrex®** 062 All of the following must apply:

- An absence of a history of ulcer or gastrointestinal bleeding; and
- An absence of a history of cardiovascular disease.

## Prescription Drug Program

Drug	Code	Criteria
<b>Clozapine</b> <b>Clozaril®</b>	018	All of the following must apply: <ul style="list-style-type: none"> <li>a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and</li> <li>b) Patient is 17 years of age or older; and</li> <li>c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above.</li> </ul>
<b>Concerta®</b> <i>(methylphenidate HCl)</i>	026	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.
<b>Copegus®</b> <i>(ribavirin)</i>	010	Diagnosis of chronic hepatitis C virus infection in patients 18 years of age or older. Patient must be on concomitant alpha interferon or pegylated alpha interferon therapy (not to be used as monotherapy).
<b>Coreg®</b> <i>(carvedilol)</i>	057	Diagnosis of congestive heart failure.
<b>Dexedrine®</b> <i>(D-amphetamine sulfate)</i>		See criteria for Adderall®.
<b>Dextrostat®</b> <i>(D-amphetamine sulfate)</i>		See criteria for Adderall®.
<b>Duragesic®</b> <i>(fentanyl)</i>	040	Diagnosis of cancer-related pain.
<b>Enbrel®</b> <i>(etanercept)</i>	017	Treatment of rheumatoid arthritis or ankylosing spondylitis when prescribed by a rheumatologist up to 50mg subcutaneously per week for patients who have had an inadequate response to one or more Disease Modifying Anti Rheumatoid Drug (DMARD).

Drug	Code	Criteria
	024	Treatment of psoriatic arthritis when prescribed by a rheumatologist or dermatologist up to 50mg subcutaneously per week for patients who have had an inadequate response to one or more DMARD.
	025	Treatment of plaque psoriasis in patients 18 years of age and older when prescribed by a rheumatologist or dermatologist. Dose not to exceed 50mg subcutaneously twice weekly for the first three months of therapy and not to exceed 50mg weekly thereafter.
<b>Fazaclo®</b> <i>(clozapine)</i>	012	All of the following must apply: <ul style="list-style-type: none"> <li>a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and</li> <li>b) Patient is 18 years of age or older; and</li> <li>c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above; and</li> <li>d) Must have tried and failed generic clozapine.</li> </ul>
<b>Focalin®</b> <i>(dexmethylphenidate HCl)</i>		See criteria for Concerta®.
<b>Focalin XR®</b> <i>(dexmethylphenidate HCl)</i>	061	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and all of the following: <ul style="list-style-type: none"> <li>a) The prescriber is an authorized schedule II prescriber;</li> <li>b) Total daily dose is administered as a single dose; and</li> <li>c) The patient is six years of age or older.</li> </ul>

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**Gabitril®** 036 Treatment of seizures.  
(tiagabine HCl)

**Geodon®** 046 All of the following must apply:  
(ziprasidone HCl)

- a) There must be an appropriate DSM IV diagnosis; and
- b) Patient is 6 years of age or older.



**Note:** Because Geodon® prolongs the QT interval (< Seroquel® > Risperdal® > Zyprexa®), it is contraindicated in patients with a known history of QT prolongation (including a congenital long QT syndrome), with recent acute myocardial infarction, or with uncompensated heart failure; and in combination with other drugs that prolong the QT interval.

**Geodon® IM Injection** 058 All of the following must apply:  
(ziprasidone mesylate)

- a) Diagnosis of acute agitation associated with schizophrenia;
- b) Patient is 18 years of age or older; and
- c) Maximum dose of 40mg per day and no more than 3 consecutive days of treatment.

**Glycolax Powder®** 021 Treatment of occasional constipation.  
(polyethylene glycol)

Must have tried and failed a less costly alternative.

**Humira Injection®** 028 Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every two weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.  
(adalimumab)

**Infergen®** 134 Treatment of chronic hepatitis C in patients 18 years of age and older with compensated liver disease who have anti-HCV serum antibodies and/or presence of HCV RNA.  
(interferon alfacon-1)

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**Intron A®** 030 Diagnosis of hairy cell leukemia in patients 18 years of age and older.  
(interferon alpha-2b recombinant)

031 Diagnosis of recurring or refractory condyloma acuminata (external genital/perianal area) for intralesional treatment in patients 18 years of age and older.

032 Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.

033 Diagnosis of chronic hepatitis B in patients 1 year of age and older.

107 Diagnosis of malignant melanoma in patients 18 years of age and older.

109 Treatment of chronic hepatitis C in patients 18 years of age and older.

135 Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older.

**Kadian®** 040 Diagnosis of cancer-related pain.  
(morphine sulfate)

**Keppra™** See criteria for Gabitril®.  
(levetiracetam)

**Kineret Injection®** 029 Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients 18 years of age and older who have tried and failed one or more DMARD. Daily dose not to exceed 100mg subcutaneously.  
(anakinra)

**Kytril®** 127 Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.  
(granisetron HCl)

128 Prevention of nausea or vomiting associated with radiation therapy.

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<b>Lamisil®</b> ( <i>terbinafine HCl</i> )		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; <b>or</b>
	052	Patient is immunocompromised.
<b>Levorphanol</b>	040	Diagnosis of cancer-related pain.
<b>Lotrel®</b> ( <i>amlodipine besylate/benazepril</i> )	038	Treatment of hypertension as a second line agent when blood pressure is not controlled by any: <ul style="list-style-type: none"> <li>a) ACE inhibitor alone; <u>or</u></li> <li>b) Calcium channel blocker alone; <u>or</u></li> <li>c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.</li> </ul>
<b>Lunesta™</b> ( <i>eszopiclone</i> )	006	Short-term treatment of insomnia. Drug therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.
<b>Lyrica®</b> ( <i>pregabalin</i> )	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.
<b>Metadate CD®</b> ( <i>methylphenidate HCl</i> )		See criteria for Concerta®.
<b>Miralax®</b> ( <i>polyethylene glycol</i> )		See criteria for Glycolax Powder®

Drug	Code	Criteria
<b>Naltrexone</b>		See criteria for ReVia®.
<b>Nephrocaps®</b>	096	Treatment of patients with renal disease.
<b>Nephro-FER®</b> ( <i>ferrous fumarate/folic acid</i> )		
<b>Nephro-Vite®</b> ( <i>Vitamin B comp W-C</i> )		
<b>Nephro-Vite RX®</b> ( <i>folic acid/vitamin B comp W-C</i> )		
<b>Nephro-Vite+FE®</b> ( <i>fe fumarate/FA/vitamin B comp W-C</i> )		
<b>Nephron FA®</b> ( <i>fe fumarate/doss/FA/B comp &amp; C</i> )		
<b>Neurontin®</b> ( <i>gabapentin</i> )	035	Post-herpetic neuralgia.
	036	Treatment of seizures.
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	141	An absence of a history of ulcer or gastrointestinal bleeding.
<b>Ansaid®</b> ( <i>flurbiprofen</i> ).		
<b>Arthrotec®</b> ( <i>diclofenac/misoprostol</i> )		
<b>Bextra®</b> ( <i>valdecoxib</i> )		
<b>Cataflam®</b> ( <i>diclofenac</i> )		
<b>Clinoril®</b> ( <i>sulindac</i> )		
<b>Daypro®</b> ( <i>oxaprozin</i> )		
<b>Feldene®</b> ( <i>piroxicam</i> )		
<b>Ibuprofen</b>		
<b>Indomethacin</b>		
<b>Lodine®, Lodine XL®</b> ( <i>etodolac</i> )		
<b>Meclofenamate</b>		
<b>Mobic®</b> ( <i>meloxicam</i> )		
<b>Nalfon®</b> ( <i>fenoprofen</i> )		
<b>Naprelan®, Naprosyn®</b> ( <i>naproxen</i> )		
<b>Orudis®, Oruvail®</b> ( <i>ketoprofen</i> )		
<b>Ponstel®</b> ( <i>mefenamic acid</i> )		
<b>Relafen®</b> ( <i>nabumetone</i> )		
<b>Tolectin®</b> ( <i>tolmetin</i> )		
<b>Toradol®</b> ( <i>ketorolac</i> )		
<b>Vicoprofen®</b> ( <i>ibuprofen/hydrocodone</i> )		
<b>Voltaren®</b> ( <i>diclofenac</i> )		

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<b>Oxandrin®</b> ( <i>oxandrolone</i> )		Before any code is allowed, there must be an absence of all of the following:
		a) Hypercalcemia;
		b) Nephrosis;
		c) Carcinoma of the breast;
		d) Carcinoma of the prostate; and
		e) Pregnancy.
	110	Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.
	111	To compensate for the protein catabolism due to long-term corticosteroid use.
	112	Treatment of bone pain due to osteoporosis.
<b>OxyContin®</b> ( <i>oxycodone HCl</i> )	040	Diagnosis of cancer-related pain.
<b>Parcopa®</b> ( <i>carbidopa/levodopa</i> )	049	Diagnosis of Parkinson's disease and one of the following:
		a) Must have tried and failed generic carbidopa/levodopa; or
		b) Be unable to swallow solid oral dosage forms.
<b>PEG-Intron®</b> ( <i>peginterferon alpha 2b</i> )	109	Treatment of chronic hepatitis C in patients 18 years of age or older.
<b>Pegasys®</b> ( <i>peginterferon alpha-2a</i> )	109	Treatment of chronic hepatitis C in patients 18 years of age or older.

<b>Plavix®</b> ( <i>clopidogrel bisulfate</i> )	116	When used in conjunction with stent placement in coronary arteries. Supply limited to 9 months after stent placement.
	136	For use in patients with atherosclerosis documented by recent myocardial infarction, recent stroke, or established peripheral artery disease and have failed aspirin. A patient that is considered an aspirin failure has had an atherosclerotic event (MI, stroke, intermittent claudication) after the initiation of once-a-day aspirin therapy.
<b>Pravachol®</b> ( <i>pravastatin sodium</i> )	039	Patient has a clinical drug-drug interaction with other statin-type cholesterol-lowering agents.
<b>Prevacid® Solutab</b> ( <i>lansoprazole</i> )	050	Inability to swallow oral tablets or capsules.
<b>Pulmozyme®</b> ( <i>dornase alpha</i> )	053	Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
<b>Rebetol®</b> ( <i>ribavirin</i> )		See criteria for Copegus®.
<b>Rebetron®</b> ( <i>ribavirin/interferon alpha-2b, recombinant</i> )	008	Treatment of chronic hepatitis C in patients with compensated liver disease who have relapsed following alpha interferon therapy.
	009	Treatment of chronic hepatitis C in patients with compensated liver disease.
<b>Remicade Injection®</b> ( <i>infliximab</i> )	022	Treatment of rheumatoid arthritis in combination with methotrexate when prescribed by a rheumatologist in those patients who have had an inadequate response to methotrexate alone.

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023 Treatment of Crohn's disease when prescribed by a gastroenterologist in those patients who have tried and failed conventional therapy.

**Rena-Vite®**  
**Rena-Vite RX®**  
(folic acid/vit B  
comp W-C) 096 Treatment of patients with renal disease.

**ReVia®**  
(naltrexone HCl) 067 Diagnosis of past opioid dependency or current alcohol dependency.

Must be used as adjunctive treatment within a state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610. For maintenance of opioid-free state in a detoxified person, treatment may be started only after a minimum of 7-10 days free from opioid use. Treatment period must be limited to 12 weeks or less, and the patient must have an absence of all of the following:

- a) Acute liver disease; and
- b) Liver failure; and
- c) Pregnancy.



**Note:** A ReVia® (Naltrexone) Authorization Form [DSHS 13-677] must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:**  
<http://www1.dshs.wa.gov/msa/forms/eforms.html>

**Ribavirin** See criteria for Copegus®.

**Risperdal®**  
(risperidone) 054 All of the following must apply:

- a) There must be an appropriate DSM IV diagnosis; and
- b) Patient is 6 years of age or older.

**Risperdal Consta® IM Injection**  
(risperidone  
microspheres) 059 All of the following must apply:

- a) There must be an appropriate DSM IV diagnosis;
- b) Patient is 18 years of age or older;
- c) Documented response to oral risperidone monotherapy;
- d) Documented history of noncompliance;
- e) Tolerance to greater than or equal to 2mg/day of oral risperidone;
- f) Patient is not on concurrent carbamazepine therapy; and
- g) Maximum dose shall not exceed 50mg or be more frequent than every 2 weeks.

**Ritalin LA®**  
(methylphenidate HCl) See criteria for Concerta®.

**Roferon-A®**  
(interferon alpha-2a  
recombinant) 030 Diagnosis of hairy cell leukemia in patients **18** years of age and older.

032 Diagnosis of AIDS-related Kaposi's sarcoma in patients **18** years of age and older.

080 Diagnosis of chronic phase, Philadelphia chromosome (Ph) positive chronic myelogenous leukemia (CML) when treatment started within one year of diagnosis.

109 Treatment of chronic hepatitis C in patients **18** years of age and older.

**Seroquel®**  
(quetiapine fumarate) See criteria for Risperdal®.

**Sonata®**  
(zaleplon) See criteria for Ambien®.

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**Soriatane®** 064 Treatment of severe, recalcitrant psoriasis in patients **16** years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an **absence** of all of the following:

- a) Current pregnancy or pregnancy which may occur while undergoing treatment; and
- b) Hepatitis; and
- c) Concurrent retinoid therapy.

**Sporanox®** Must not be used for a patient with cardiac dysfunction such as congestive heart failure.

(itraconazole)

047 Treatment of systemic fungal infections and dermatomycoses.

Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:

042 Diabetic foot;

043 History of cellulitis secondary to onychomycosis **and** requiring systemic antibiotic therapy;

051 Peripheral vascular disease; **or**

052 Patient is immunocompromised.

**Strattera®** 007 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD).

(atomoxetine HCl)

**Suboxone®** 019  
(buprenorphine/naloxone)

Before this code is allowed, the patient must meet all of the following criteria. The patient:

- a) Is **16** years of age or older;
- b) Has a **DSM-IV-TR** diagnosis of opioid dependence;
- c) Is psychiatrically stable or is under the supervision of a mental health specialist;
- d) Is not abusing alcohol, benzodiazepines, barbiturates, or other sedative-hypnotics;
- e) Is not pregnant or nursing;
- f) Does not have a history of failing multiple previous opioid agonists treatments and multiple relapses;
- g) Does not have concomitant prescriptions of azole antifungal agents, macrolide antibiotics, protease inhibitors, phenobarbital, carbamazepine, phenytoin, and rifampin, unless dosage adjusted appropriately; and
- h) Is enrolled in a state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610.

#### Limitations:

- No more than 14-day supply may be dispensed at a time;
- Urine drug screens for benzodiazepines, amphetamine/methamphetamine, cocaine, methadone, opiates, and barbiturates must be done before each prescription is dispensed. ***The prescriber must fax the pharmacy with confirmation that the drug screen has been completed to release the next 14-day supply. The fax must be retained in the pharmacy for audit purposes;***



## Prescription Drug Program

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- Liver function tests must be monitored periodically to guard against buprenorphine-induced hepatic abnormalities; and
- Clients may receive up to 6 months of buprenorphine treatment for detoxification and stabilization.



**Note:** A Buprenorphine-Suboxone Authorization Form (DSHS 13-720) must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:**

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

**Symbyax®** 048 All of the following must apply:  
(olanzapine/  
fluoxetine HCl)

- Diagnosis of depressive episodes associated with bipolar disorder; and
- Patient is **6** years of age or older.

**Talacen®** 091 Patient must be **12** years of age or  
(pentazocine HCl/  
acetaminophen)  
**Talwin NX®**  
(pentazocine/naloxone)

**Topamax®/** 036 Treatment of Seizures.

**Topamax®**  
**Sprinkle** 045 Migraine prophylaxis.  
(topiramate)

**Vancomycin** 069 Diagnosis of clostridium difficile  
**oral** toxin and the patient has failed to  
respond after two days of  
metronidazole treatment or the  
patient is intolerant to metronidazole.

**Vitamin** 093 The child is breastfeeding and:  
**ADC Drops**  
a) The city water contains  
sufficient fluoride to  
contraindicate the use of  
Trivits w/Fl; and

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**Vitamin E** 105 b) The child is taking  
medications which require  
supplemental Vitamin D, as  
determined medically  
necessary by the prescriber  
and cannot be obtained by any  
other source.

Confirmed diagnosis of tardive  
dyskinesia or is clinically  
necessary for Parkinsonism and  
all of the following:

- Caution is addressed for  
concurrent anticoagulant  
treatment; and
- Dosage does not exceed  
3,000 IU per day.

**Wellbutrin**  
**SR and XL®** 014 Treatment of depression.  
(bupropion HCl)

**Xopenex®** 044 All of the following must apply:  
(levalbuterol HCl)

- Patient is 6 years of age or  
older; and
- Diagnosis of asthma, reactive  
airway disease, or reversible  
airway obstructive disease; and
- Must have tried and failed  
racemic generic albuterol; and
- Patient is not intolerant to beta-  
adrenergic effects such as  
tremor, increased heart rate,  
nervousness, insomnia, etc.

**Zelnorm®** 055 Treatment of constipation dominant  
(tegaserod hydrogen  
maleate) Irritable Bowel Syndrome (IBS)  
in women when the patient has tried  
and failed at least two less costly  
alternatives.

056 Chronic constipation when the  
patient has tried and failed at least  
two less costly alternatives.

**Zofran®** See criteria for Kytril®.  
(ondansetron HCl)

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<b>Zometa®</b> (zoledronic acid)	011	Diagnosis of hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors.
<b>Zyprexa®</b> <b>Zyprexa Zydis®</b> (olanzapine)		See criteria for Risperdal®.
<b>Zyprexa®</b> <b>IM Injection</b> (olanzapine)	060	All of the following must apply: a) Diagnosis of acute agitation associated with schizophrenia or bipolar I mania; b) Patient has been evaluated for postural hypotension and no postural hypotension is present before dose is given; c) Patient is 18 years of age or older; and d) Maximum dose of 30mg in a 24 hour period.
<b>Zyvox</b> <b>Injectable®</b> (linezolid)	013	Treatment of vancomycin resistant infection.
<b>Zyvox</b> <b>Oral®</b> (linezolid)	013	Treatment of vancomycin resistant infection.
	016	Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as: a) Allergy; or b) Inability to maintain IV access.